

MOUNT HOLLY TOWNSHIP PUBLICSCHOOLS

331 Levis Drive Mount Holly, NJ 08060 — — — —

James DiDonato
SUPERINTENDENT

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Dear Parent(s)/ Guardian(s):

The Mount Holly Township Board of Education Policy 5330 on administering medication requires the following:

1. The written request of the parent / guardian which shall give permission for the administration of medication.
2. The written order of the prescribing physician.

If your child will be in need of medication at any time during school hours, please have the form, found on the back of this letter, filled out by your child's physician. You will also need to sign the bottom of the form giving your permission for the administration of medication.

All medications shall be brought to school by the parent / guardian or adult pupil and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier.

Please retain this form so that it will be available, should you need to use it. Additional forms are available in the main office of the individual schools.

James DiDonato
Superintendent

To be completed by the PHYSICIAN:

Name of student: _ _ _ _ _

Medication: _ _ _ _ _

Dose, Time, and Route: _ _ _ _ _

Purpose: _ _ _ _ _

Possible Side Effects: _ _ _ _ _

How long this is to be given: _ _ _ _ _

Physician's Signature: _ _ _ _ _

Physician's Name: _ _ _ _ _

(PRINT)

Address: _ _ _ _ _

Phone#: _ _ _ _ _ Date: _ _ _ _ _

To be completed by PARENT/ GUARDIAN

I request that the above medication, in its original container, be administered to my child. I release the school board and personnel from all liability. I give the School Nurse permission to contact the Physician and/or Pharmacist with any questions concerning the medication.

Signature of Parent / Guardian _____

Date _____

**MEDICATION MUST BE IN THE ORIGINAL CONTAINER
TO BE GIVEN IN SCHOOL**

**ALL UNUSED MEDICATION MUST BE PICKED UP AT THE END OF THE YEAR
BY THE PARENT/ GUARDIAN**